



# REQUEST FOR EMT COURSE Scheduling

## STATE FIRE TRAINING

PO Box 944246 \* Sacramento, CA 94244-2460

Phone (916) 445-8132 \* Facsimile (916) 445-8128

(Internet) [www.fire.ca.gov](http://www.fire.ca.gov)

**REQUEST MUST BE RECEIVED EIGHT WEEKS PRIOR TO BEGINNING DATE OF CLASS**

TODAY'S DATE:		ADVERTISE IN CLASS SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE of COURSE: <input type="checkbox"/> BASIC (LIST TOTAL INSTRUCTION HOURS) _____ HR		<input type="checkbox"/> RECERT _____ HR <input type="checkbox"/> RECERT via C.E. _____ HR	
TESTING REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		(EMT-I Basic: 127 Hours of Instruction + skills & certifying exams) (EMT-I Recert: 24 Hours of Instruction + skills and certifying exams – if required)	
BEGINNING CLASS DATE:		ENDING CLASS DATE:	TEST DATE:
CLASS LOCATION (City):		TRAINING FACILITY:	
SPONSORING AGENCY NAME:		AGENCY CONTACT FULL NAME:	
<b>ASSISTANT INSTRUCTORS (COMPLETE REVERSE SIDE)</b>		AGENCY CONTACT PHONE NUMBER:	
PRIMARY INSTRUCTOR/CE COORD – A SHIFT:		PRIMARY INSTRUCTOR/CE COORD – B SHIFT:	
PRIMARY INSTRUCTOR/CE COORD – C SHIFT:		DELIVERED ON SHIFT SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SYNCHRONIZE CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, must enclose letter signed by Fire Chief)		TOTAL NUMBER OF STUDENTS:	PER SHIFT:

SHIPPING INFORMATION:	BILLING INFORMATION:
SHIP TO:	BILL TO:
ATTN:	ATTN:
STREET ADDRESS: (NO PO BOX)	STREET ADDRESS:
CITY/STATE/ZIP CODE:	CITY/STATE/ZIP CODE:

### ▷ SHADED AREAS FOR OFFICE USE ONLY ◁

Registration/Manuals	QTY ITEMS	UNIT PRICE	TOTAL PRICE	CODES (INDEX 5921)	QTY SHIPPED	QTY RETURNED	QTY BILLED	FINAL AMOUNT
Total number of students								
EMT-BASIC (Reg) <input type="checkbox"/>	#	\$25.00	\$	59210-142500-22	#	#	#	\$
EMT-RECERT (Reg) <input type="checkbox"/>		\$20.00						
EMT Student Supplement <input type="checkbox"/>	#	\$20.00	\$	59210-141200-__	#	#	#	\$
Skills Proficiency Exams only <input type="checkbox"/>		\$15.00						
County materials shipped to		Tax rate %	\$	SALES TAX				\$
HANDLING CHARGE		\$ 5.00	\$ 5.00	59210-141200-03				\$
TOTAL AMOUNT DUE		\$		Final Amount Due		\$		

DATE SHIPPED:		SHIP VIA: <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> PICK-UP			
BOX	WEIGHT	BOX	WEIGHT	TOTAL EXAM SENT:	REVISION DATE:
1		3		EXAM SERIAL #:	
2		4		CLASS CODE:	PRIM INSTRUCTOR CODE:
DATE RECV'D SM:		INVOICE #		DATE	
DATE RECV'D REG:		MRT #		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training policies and procedures of the California State Fire Marshal's Office.

**ASSISTANT INSTRUCTORS/SKILLS EVALUATORS for this class. If additional space is needed, copy this form.**

Assistants or Skills Evaluators who are not registered, must meet or exceed the same criteria as a SFT Registered EMT Instructor - **With the exception of not having an EMT Orientation Class.**

***ASSISTANT INSTRUCTORS***

<b>Name:</b>	
Currently a SFT Registered EMT-I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT-I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT-I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.

***SKILLS PROFICIENCY EVALUATORS***

<b>Name:</b>	
Currently a SFT Registered EMT-I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT-I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT-I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.

***REQUESTS WILL BE RETURNED IF THE FOLLOWING INFORMATION IS NOT INCLUDED WITH THIS FORM:***

- ☐ **If this form is not filled out completely, it will be returned for completion.**
- ☐ **A copy of your letter to the local EMS agency notifying them of your training class must accompany this request for course scheduling. *Exception: Recert via CE's is exempt.***
- ☐ **If you are NOT using SFT Registered EMT-I instructors for assistant instructors or skills evaluators, then attach copies of their qualifications. *Requirements are listed in the SFT Policy and Procedures Manual.***
- ☐ **If you want SYNCHRONIZED certification, enclose a signed letter from the Chief of the Fire Department.**

## **INSTRUCTIONS:**

- All Requests must be received 8 weeks prior to begin date of class. Late classes may be denied.
- Complete form except shaded areas. (All boxes must be completed).
- Shipping and Billing address is required. If billing address is the same as shipping, you may write "Same".
- List number of students and multiply total number of students by \$25.00 or \$20.00 to get total price. (Example: 20 students x \$25.00 = \$500.00)
- When ordering Materials, always check appropriate box for Student Supplement or Skills Proficiency Exams. Material fees are \$20.00 and \$15.00, which include shipping charges.
- All classes will be assessed a \$5.00 handling charge.
- Write County name and tax rate (%) of where materials will be shipped.
- Requester must calculate all math.

## **RETURNING CLASS**

- Return all class materials via UPS to:  
**CDF/STATE FIRE TRAINING  
1131 'S' STREET  
SACRAMENTO, CA 95814**
- Return scantrons for all students even if class is non-testing, class roster, pink cards, exams, instructor checklist and student supplements if applicable.
- Copy of invoice must be attached.

## **PAYMENT**

- Do not send payment before you receive invoice.
- Send check and copy of invoice to:  
**CDF/ACCOUNTING  
ATTN: CASHIER  
PO BOX 944246  
SACRAMENTO, CA 94244-2460**

## **MRT PROCESS – (CDF ENTITY ONLY)**

- Requester must complete MRT as follows:  
Assign Document number  
Unit's Calstar coding and (C) for Charge  
OSFM Calstar coding is: {FY-5921-337.01-59210-\$ } and (A) for Abatement  
Use object code 337.01 ONLY for the total amount of the MRT  
Do not pay sales tax for student manuals on MRT only  
Do not send MRT copies to CDF/Accounting Headquarters  
The MRT must be signed, dated and approved by an authorized individual  
Send original MRT with course request form to CDF/State Fire Training

## **INFORMATION**

Course Approval	-	Betty Navarrette	-	(916) 445-8132
Shipped/Cancelled Classes	-	Rich Curatolo	-	(916) 445-8158
Payment/Invoice/MRT	-	Penny Katsifolis	-	(916) 445-8144